

PTO/SB/81 (01-08)

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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/817,402
Filing Date	March 29, 2004
First Named Inventor	Chiao
Title	Replaceable electrostatically
Art Unit	3752
Examiner Name	Boeckmann
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
David O'Neill	35304

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	David O'Neill				
Address	788 Townsend Avenue				
City	New Haven	State	CT	Zip	06512
Country	USA				
Telephone	2034670759	Email			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

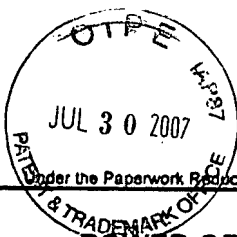
Signature		Date	07/06/07
Name	Dahshlem Chiao	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	10/817,402
Filing Date	March 28, 2004
First Named Inventor	Chiao
Title	Replaceable electrostatically
Art Unit	3752
Examiner Name	Boeckmann
Attorney Docket Number	

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	July 06, 2007
Name	Chlen-An Chang	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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